

California Department of Education
Nutrition Services Division
Nutrition Education and Training Section

School Garden Project

To receive a **"School Garden Packet"**
complete this form and FAX to:

Deborah Tamannaie
Nutrition Education Consultant
(916) 323-4311 (fax)

Name _____

Title _____

School/Organization _____

District _____

Street Address _____

City, State _____

Zip _____

Phone _____ () _____

FAX _____ () _____

E-mail _____

- ☐ We plan to apply for a garden-enhanced nutrition education grant.
- ☐ We do not plan to apply for a garden-enhanced nutrition education grant.
- ☐ We are unsure if we plan to apply for a garden-enhanced nutrition education grant.